

# GADZOOSDAA STUDENT RESIDENCE APPLICATION

## STUDENT INFORMATION

Legal Last Name		→	Usual Last Name	
Legal First Name		→	Preferred First Name	
Legal Middle Name		→	Preferred Middle name	
Home Community			Student Email	
Birth Date		Gender	M	F
			Student Cell Phone Number	

If the Student a member of a Yukon First Nation, please indicate their First Nation below:

Carcross / Tagish FN		Ta'an Kwach'an Council		Selkirk FN	
Champagne and Ashihik FN		Vuntut Gwitchin FN		White River FN	
FN Nacho Nyak Dun		Kluane FN		Teslin Tlingit Council	
Little Salmon / Carmacks FN		Kwanlin Dun FN		Trondek Hwech'in FDN	
Ross River Dena Council		Liard FN			

First Nation Status Number (if applicable)	
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**Please note: An application needs to be completed every year.**

<b>School Year</b>				
Full Year	1 <sup>st</sup> Semester	2 <sup>nd</sup> Semester		
<b>What grade are you entering</b>				
10	11	12	12+	
<b>What school are you enrolled in?</b>				
FH Collins		Vanier		
Other				
<b>Grade 12 students who require an extra semester to complete their Grade 12 studies are accepted by special consideration only.</b>				

Are you enrolled in a Special Program		yes	no
School	Program	Semester	
FH Collins	Sports School	1st	2nd
Wood Street	Chaos 10	1st	2nd
Wood Street	Aces 11	1st	2nd
Wood Street	Experiential Science 10	1st	2nd
Wood Street	MAD 10	1st	2nd
Wood Street	MAD 12	1st	2nd

## CUSTODY INFORMATION

Is there a court order relating to this student? NO  YES

If yes, please contact Gadzoosdaa as soon as possible to provide details and documentation.

Other family information you wish to provide: \_\_\_\_\_

## EMERGENCY MEDICAL CARE

<b>In case of an emergency, Gadzoosdaa Staff have my permission to confine my son/daughter to the hospital and obtain all medical and surgical help necessary.</b>			
Parent/Guardian Signature		Date	



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<b>SCHOOL YEAR</b>	
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## PARENT/GUARDIAN INFORMATION 1<sup>st</sup> CONTACT

## PARENT/GUARDIAN INFORMATION 2<sup>nd</sup> CONTACT

Relationship to Student	
Last Name	
First Name	
Living with Student?	yes <input type="checkbox"/> no <input type="checkbox"/>
Mailing Address	
City	
Province/Territory	
Postal Code	
Work Phone	
Home Phone	
Cell Phone	
Email	
Contact by Email	yes <input type="checkbox"/> no <input type="checkbox"/>

Relationship to Student	
Last Name	
First Name	
Living with Student?	yes <input type="checkbox"/> no <input type="checkbox"/>
Mailing Address	
City	
Province/Territory	
Postal Code	
Work Phone	
Home Phone	
Cell Phone	
Email	
Contact by Email	yes <input type="checkbox"/> no <input type="checkbox"/>

## GADZOOSDAA EMERGENCY PLANNING

As part of our Gadzoosdaa Emergency Planning, we realize that sometimes a student cannot immediately go home in the event of an emergency. Please complete the information below to identify a safe location in the **CITY OF WHITEHORSE** where your student can go when going home is not immediately possible.

1 <sup>st</sup> Alternate Safe Location in WHITEHORSE	
Last Name	
First Name	
Relationship to Student	
Home Phone	
Other Phone	
Street Address	
Subdivision	

2 <sup>nd</sup> Alternate Safe Location in WHITEHORSE	
Last Name	
First Name	
Relationship to Student	
Home Phone	
Other Phone	
Street Address	
Subdivision	

I/We the Undersigned hereby acknowledge reading and understanding the Gadzoosdaa Student Handbook and I / We agree to abide by all policies and procedures as set out by Gadzoosdaa and acknowledge that the information provided by parent / guardian is correct.

SIGNATURE(S):			
Parent / Guardian		Date	
Student		Date	



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## MEDICAL APPENDIX / FORM 5

GENERAL INFORMATION										
Name of Student				Male		Female		Age		
Home Address										
City				Birthday						
Prov./Terr.			Postal Code				Phone Number			
IN CASE OF EMERGENCY PLEASE NOTIFY:										
Name				Relationship				Phone Day		
Home Address							Phone Evening			
Family Doctor				Doctor's Phone Number						
MEDICAL HISTORY										
<b>It is important that history be as complete and accurate as possible. Previous and current medical problems including all previous surgery as well as any significant injuries should be checked off.</b>										
<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Skin Disease	<input type="checkbox"/>	Bleeding	<input type="checkbox"/>	Dislocated joint			
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Heart Problem	<input type="checkbox"/>	Vision Impairment	<input type="checkbox"/>	Concussion			
<input type="checkbox"/>	Infectious Mono	<input type="checkbox"/>	Neck Injury Problem	<input type="checkbox"/>	Eyeglasses/Contacts	<input type="checkbox"/>	Thyroid Problem			
<input type="checkbox"/>	Back Injury	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Shoulder Injury			
<input type="checkbox"/>	Tendinitis	<input type="checkbox"/>	Sprain	<input type="checkbox"/>	Knee Injury	<input type="checkbox"/>	Cast			
<input type="checkbox"/>	Metal Plate Screw, Pin If so, where?			<input type="checkbox"/>	Brace/Support Required If so, where?					
Other:										
Relevant family medical history:										
ALLERGIES										
To Medications			To Food			Other				
CURRENT MEDICATIONS										
Prescription			Dosage			Frequency				

<b>Parent/Legal Guardian Name Print</b>			
<b>Signature of Parent/Legal Guardian</b>		<b>Date</b>	



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## GADZOOSDAA FINANCIAL AGREEMENT

When Yukon Education provides accommodation to a student at Gadzoosdaa Student Residence the student or parent/guardian of the student is required to pay an Accommodation Fee.

Exceptions:

If the student is a member of a Yukon First Nation, the First Nation may pay the Accommodation Fee on behalf of the student.

**For 2018-2019 the accommodation fee is \$150.00 / month**

Yukon Education-Finance & Administration sends an invoice to payee (Parent/Guardian or First Nation or School District) with a payment due date.

Yukon Education reserves the right to deny admittance of a student to the Gadzoosdaa Student Residence when Accommodation Fees are not paid by due date. All fees must be paid in full by June 30<sup>th</sup> of each year.

Fees can be paid in person at the Department of Education or mailed to:

**Department of Education  
Public Schools Branch  
Attn: Superintendent Area 4  
P.O. Box 2713  
Whitehorse, Yukon  
Y1A 2C6**

Student Information	
Full Name of Student	

Parent / Guardian Information	
Name of Parent / Guardian	
Mailing Address	
Contact Phone Number	

WHO IS PAYING THIS STUDENT'S FEES?	ENTER NAME OF RESPONSIBLE PARTY ON APPROPRIATE LINE		
Parent/Guardian	yes	no	
First Nation	yes	no	
School District	yes	no	

**I have read and agree with this agreement.**

SIGNATURE:			
Parent / Legal Guardian		Date	



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STUDENT NAME		SCHOOL YEAR	
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## SIGN OUT PERMISSION

Students wishing to leave the residence overnight or on the weekends are required to be signed out. Students may only sign out to people **over the age of 19 years** that have been authorized by their Parents/Guardians.

Parents/Guardians **MUST** provide names, street addresses and phone numbers of the people with whom their student may stay with when signed out. **Persons without a street address or a contact phone number will be considered incomplete and not a valid sign out.** It is the responsibility of the Parent/Guardian to notify the people listed below and to explain their responsibilities.

Each time a student is signed out, the person taking responsibility must come to Gadzoosdaa in person and sign the student out. **If someone else is transporting the student, it is the parent/guardian's responsibility to contact and inform Gadzoosdaa who will be picking up the student.** The designated person will need to come into Gadzoosdaa and sign that they are transporting the student. **It is the responsibility of the parent/guardian or the person signing the student out to arrange transportation back to Gadzoosdaa.**

Students using their own vehicle must inform Gadzoosdaa staff before they leave for an evening or weekend sign out. They are required to sign on the Sign Out Form indicating they are transporting themselves and the time at which they have left.

Name Of Responsible Adult	Street Address	Phone number

## TRANSPORTATION / SIGN OUT WAIVER

I, \_\_\_\_\_, release Gadzoosdaa Student Residence and the Department of Education of any responsibility for my son/daughter while signed out and is on route to and from Gadzoosdaa. I have read, understand and agree with the above and assume full responsibility for my son/daughter during this period.

SIGNATURE			
Parent/Legal Guardian		Date	

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## Student Internet Use Policy

Our Internet access is a shared and limited resource. Students should limit their use of the internet for educational purposes only. Students must conduct themselves in a responsible, ethical and polite manner while using the internet.

Student responsibilities and guidelines for internet:

1. Our internet is a publicly funded resource and should be used in moderation.
2. Using a school internet account for illegal, inappropriate, or obscene purposes or in support of such activities is prohibited. This includes communicating or downloading such material.
3. Students are not permitted to play online games or download games, movies or music files from the internet.
4. Any use of a school internet account for product and/or service advertisement or political lobbying is prohibited.

**If a student intentionally attempts to access or successfully accesses, downloads or prints an inappropriate internet site, his/her internet use privileges will be suspended for one school year.**

## Gadzoosdaa Damage

Students are required to complete a room checklist when they move in. This is to ensure you that are not responsible for any damage to the room that may have occurred before you took possession. If there is damage to your room during your stay, you are to report it to staff immediately. Staff will determine whether you are financially responsible for repairs. If damages are not reported, you will be automatically responsible for the repairs

## Student Pictures

I give permission for my son/daughter/ward to be photographed during Gadzoosdaa activities and pictures can be displayed on Gadzoosdaa walls and web page.

**Signature:**

**Parent / Legal Guardian**

**Date**

A full version of **GADZOOSDAA STUDENT RESIDENCE HANDBOOK** is on our

website: [gsr@yukonschools.ca](mailto:gsr@yukonschools.ca)

If you would like a printed copy please check here.



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<b>SCHOOL YEAR</b>	
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Please use this sheet if additional space or information is required.



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